

WAC 246-976-650 Designation standards for facilities providing level IV trauma care services--Basic resources and capabilities.

A facility with a designated level IV trauma care service shall have:

(1) An emergency department with:

- (a) A physician with special competence in resuscitation, care and treatment of trauma patients, who:
 - (i) Is on-call and available within twenty minutes of notification;
 - (ii) Is responsible for activating trauma-response personnel;
 - (iii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and
 - (iv) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in emergency medicine or pediatric emergency medicine;
- (b) A registered nurse in-house and available within five minutes of notification, who:
 - (i) Is ACLS trained;
 - (ii) Has successfully completed a trauma life support course as defined in WAC 246-976-885; and
 - (iii) Has completed the PER as defined in WAC 246-976-886;
- (c) Basic emergency services including:
 - (i) Assessment of the patient's condition;
 - (ii) Determination of the nature and urgency of the patient's medical need, including the timing and place of care; and
 - (iii) Diagnosis and treatment of any life threatening condition, including procedures to minimize aggravation of the patient's condition during transport to another designated trauma care service;
- (d) Equipment available for resuscitation and life support of adult and pediatric trauma patients, including:
 - (i) Airway control and ventilation equipment including:
 - (A) Airways, neonatal to adult;
 - (B) Laryngoscope, including curved and straight blades, sizes 0-4;
 - (C) Endotracheal tubes sizes 2.5 to 8.0, with stylets;
 - (D) Bag-valve-mask resuscitator sizes neonatal, child and adult;
 - (E) Sources of oxygen;
 - (F) Pulse oximeter with infant, child and adult probes; and
 - (G) Suction devices;

- (ii) Cardiac monitoring devices, including:
 - (A) Electrocardiograph;
 - (B) Cardiac monitor;
 - (C) Defibrillator with pediatric paddles;
 - (iii) Standard intravenous fluids and administering devices, including:
 - (A) Intravenous catheters, size 24g to 14g;
 - (B) Intraosseous needles;
 - (C) Infusion control device;
 - (iv) Gastric lavage equipment;
 - (v) Drugs and supplies necessary for adult and pediatric emergency care;
 - (vi) Medication chart, tape, or other system to assure ready access to information on proper dose-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients;
 - (vii) Immobilization devices, including:
 - (A) Cervical injury immobilization devices, adult and pediatric sizes;
 - (B) Long-bone stabilization device; and
 - (C) Backboard;
 - (viii) Ability to provide thermal control equipment for:
 - (A) Patient warming and cooling;
 - (B) Blood warming and cooling;
 - (ix) Other equipment:
 - (A) Sterile surgical sets for procedures standard for emergency department;
 - (B) Two-way radio linked with EMS/TC vehicles;
 - (e) Routine radiological capabilities by a technician available within twenty minutes of notification of activation of trauma response personnel.
- (2) If the service's scope of trauma care defined under WAC 246-976-640(2) includes surgery and/or critical care capabilities, it shall have:
- (a) Staff, including:
 - (i) A physician on-call and available within thirty minutes of notification of activation of trauma response personnel, who:
 - (A) Has specific delineation of surgical privileges by the medical staff for resuscitation, stabilization and treatment of major trauma patients;
 - (B) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in surgery; and
 - (C) Is responsible for coordinating care and transfer of trauma patients;

- (ii) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist, who:
 - (A) Has ACLS training, except this requirement shall not apply to a physician board-certified in anesthesiology; and
 - (B) Is on-call and available within thirty minutes of notification of activation of trauma response personnel;
 - (b) An operating room with a registered nurse or designee of the operating room staff who is available within five minutes of notification of activation of trauma response personnel, to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;
 - (c) Other essential personnel on-call and available within thirty minutes of notification;
 - (d) The operating room shall have available:
 - (i) Ability to provide thermal control equipment for:
 - (A) Patient warming;
 - (B) Blood and fluid warming;
 - (ii) Radiological capabilities;
 - (iii) Ability to provide endoscopes appropriate to trauma resuscitation; and
 - (iv) Monitoring equipment;
 - (e) Post anesthetic recovery services, with:
 - (i) Essential personnel on-call and available twenty-four hours every day;
 - (ii) Nurses ACLS trained;
 - (iii) Appropriate monitoring and resuscitation equipment;
- (3) (a) A critical care unit which meets requirements for a designated level III trauma service as described in WAC 246-976-610; or
- (b) Written transfer guidelines and agreements with designated trauma care services for patients requiring critical care;
- (4) Clinical laboratory services available, for:
- (a) Standard analysis of blood, urine, and other body fluids;
 - (b) Blood gases and pH determination;
- (5) Blood and blood-component services, including:
- (a) Blood and blood components available in-house or through community services, to meet patient needs in a timely fashion;
 - (b) Policies and procedures for massive transfusions; and
 - (c) Blood storage capability;
- (6) Acute dialysis capabilities, or have written transfer guidelines and agreements for dialysis service;

- (7) Ability to resuscitate and stabilize burn patients; and have written transfer guidelines in accordance with the guidelines of the American Burn Association, and agreements for burn care;
- (8) Ability to resuscitate and stabilize acute head and/or spinal cord injuries; and
 - (a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or
 - (b) Have neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the emergency department physician; or
 - (c) Early transfer to an appropriate designated trauma rehabilitation facility shall be considered;
- (9) A qualified person assigned to coordinate trauma rehabilitation activities and referrals;
- (10) A written plan addressing receipt and transfer of patients by fixed-wing and rotary-wing aircraft.